



CITY OF LAS VEGAS TEMPORARY EVENT APPLICATION

400 Stewart Avenue or 731 South 4th Street, Las Vegas, Nevada 89101

(702) 229-6281 TDD (702) 386-9108

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED.

Event Date(s):		Number of Days:		License Number - - -	
Event Name:				License Number - - -	
Event Address:				License Number - - -	
Corporation Name:				Business Phone Number () -	
Business Name:					
Permanent Business Address:					
Permanent Mailing Address:					
Description of Event Location:					
Hall:			Name of Security Company:		
Center:			Number of Security Personnel:		
Park:			Security Co. Business License Number: - - -		
Event Description:					
Type of Merchandise to be Sold: New: <input type="checkbox"/> Used: <input type="checkbox"/> Collectibles: <input type="checkbox"/> Hand-Crafted: <input type="checkbox"/>					
Total Number of Vendors:		Do any vendors take future orders? Yes <input type="checkbox"/> (list separately) No <input type="checkbox"/>		Prizes/Awards: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please describe) Games of Chance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Applicable Permits:					
Applicant is a: Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/>					
Owner/Officer Name:				Date of Birth: / /	
Residence Address:				Phone Number: () -	
City - State - Zip:					
Owner/Officer Name:				Date of Birth: / /	
Residence Address:				Phone Number: () -	
City - State - Zip:					
Local Coordinator/Person in Charge:				Contact Phone Number: () -	
I have received a copy of the following ordinance(s)/regulation(s) and will comply with all requirements: _____ _____					
This form <i>cannot</i> be used for teen dances, rock concerts, adult oriented functions or other activities described in the Las Vegas Municipal Code that may be privilege in nature.			_____ License Technician Signature Date		
			_____ Senior License Officer Signature Date		
_____ Applicant Signature Date					

Instructions:

Application package must be submitted 15 working days prior to your event to ensure all required inspections are scheduled and completed.

- ☐ Completed temporary event application.
- ☐ Temporary event location agreement/contract.
- ☐ Exhibitor list. Exhibitor list must include exhibitor business name, exhibitor owner name, exhibitor address, and merchandise to be sold or displayed by the exhibitor.
- ☐ Nevada State Sales Tax permit. 555 East Washington Avenue #1300. Please call (702) 486-2300.
- ☐ Proof of Insurance Amount Required: _____
- ☐ Proof of Bond Amount Required: _____
- ☐ Police Card. 5880 Cameron Street. Please call (702) 229-3271.
- ☐ Health Permit. 625 Shadow Lane. Please call (702) 385-1291.
- ☐ Temporary Commercial Use Permit. 731 South Fourth Street. Please call (702) 229-6301.
- ☐ Other Requirements:

FEES: Make Check Payable to the City of Las Vegas

- ☐ Processing Fee: \$30.00.
- ☐ [A15] Arts and Crafts: 1-25 vendors = \$25 per day 26-100 vendors = \$50 per day 101 or more vendors = \$100 per day
- ☐ [C03] Carnival: \$100 per day, per event.
- ☐ [C09] Convention Operator: \$50 + \$5 per vendor per day
- ☐ [T26] Temporary Event Operator: \$25 per day + \$5 per vendor per day
- ☐ [T24] Temporary Merchant: 1-5 days = \$10 per day 6-10 days = \$100 11-15 days = \$150
 16-20 days = \$200 21-25 days = \$250 26-31 days = \$300
- ☐ Other:

For City Use Only

General Receipt No: _____ Date: _____ Amount: _____ Paid For: _____

Approvals:

Planning

Temporary

Date:_____By:_____

Fire

Date: _____ By: _____

Building & Safety * (for events requiring electrical and/or structural inspections)

Date: _____ By: _____ Date: _____ By: _____

Supervisor / Division Manager

Date: _____ By: _____ Date: _____ By: _____

Logged:

Special Event Log ☐ Date:

Metro Police Department ☐ Date: _____

Other ☐ Date: _____ Agency: _____

Additional Information:
